

**THE CAMBRIDGESHIRE AND PETERBOROUGH NHS FOUNDATION TRUST MID YEAR REPORT 2019/20 ON THE DELIVERY OF THE COUNCILS' DELEGATED DUTIES FOR PEOPLE OVER 18 YEARS WITH MENTAL HEALTH NEEDS**

*To:* **Adults Committee**

*Meeting Date:* **12 March 2020**

*From:* **Acting Director of Operations, CPFT**

*Electoral division(s):* **ALL**

*Forward Plan ref:* **N/A** *Key decision:* **No**

*Purpose:* **This is the mid-year report by Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) for 2019/20 on the delivery of Cambridgeshire County Council (CCC) delegated duties under the Social Work Section 75 Partnership Agreement for Adult and Older People Mental Health.**

*Recommendation:* **The Committee is asked to note progress and developments in the context of the commitments agreed under the signed Social Work Section 75 Partnership Agreement for Adult and Older People Mental Health.**

<b><i>Officer contact:</i></b>		<b><i>Member contacts:</i></b>	
Name:	John Martin	Names:	Cllr Bailey
Post:	Acting Director of Operations CPFT	Post:	Chair, CCC Adults Committee
Email:	<a href="mailto:John.Martin@cpft.nhs.uk">John.Martin@cpft.nhs.uk</a>	Email:	<a href="mailto:anna.bailey@cambridgeshire.gov.uk">anna.bailey@cambridgeshire.gov.uk</a>
Tel:	01223 219400	Tel:	01223 706398
Name:	Fiona Adley		
Post:	Head of Commissioning (Mental Health and Learning Disabilities, PCC and CCC)		
Email:	<a href="mailto:fiona.adley@cambridgeshire.gov.uk">fiona.adley@cambridgeshire.gov.uk</a>		
Tel:	07720 531347		

## 1. BACKGROUND

- 1.1 The Council has delegated the delivery of mental health services and specified duties to CPFT for people over 18 years with mental health needs through a Partnership Agreement under Section 75 of the NHS Act 2006. The primary aim of the Agreement is to enable the effective delivery of a well-coordinated health and social care mental health service which appears seamless to the people who use the service and their carers and families.
- 1.2 This report updates the Committee on performance against the financial and performance targets and the Annual Work Plan 2019/20 which was agreed as a result of the key priorities for development as part of the review of the previous Partnership Agreement. Care was taken to ensure that responsibility for delivery of this plan was attributed clearly to key individuals within CPFT and the Councils as listed in the table below:

Name	Role	Organisation
Fiona Adley	Mental Health Commissioner	CCC/ Peterborough City Council (PCC)
Charlotte Black	Director of Adult Social Services	CCC/PCC
Shona Britten	Trust Professional Lead for Social Work	CPFT
Nicky Brookes-Jones	Associate Director – Commissioning, Contracts and Business Development	CPFT
Rachel Gomm	Interim Executive Director of Nursing & Quality	CPFT
Helen Duncan	PSW & Head of Safeguarding Adults	CCC/PCC
John Martin	Interim Executive Director of Operations	CPFT
Oliver Hayward	Assistant Director - Commissioning	CCC/PCC
Anna Tuke	Associate Director –Involvement and Partnerships	CPFT

- 1.3 This report describes performance against financial and activity and targets and progress against the Annual Work Plan:
- Legal Agreement
  - Adult Social Care Operational Delivery Model
  - Management Arrangements
  - Carers
  - Complaints
  - Members, MPs Enquiries – Freedom of Information (FOI) Requests
  - Financial Quality Assurance (Panel)
  - Information Sharing
  - Safeguarding
  - Care Act Assessments
  - CCC & PCC AMHP Services
  - AMHP arrangements for Christmas 2019

## 2. MAIN ISSUES

### 2.1 Legal Agreement Lead: Fiona Adley

**Principle Aim: A robust legal Agreement that will support effective partnership working and protects the interests of all parties in place.**

Operational implementation of the 2019/20 Mental Health Section 75 Partnership Agreement for Adult and Older People Mental Health was achieved from August 2019 ahead of sign off by the CPFT Board on 25<sup>th</sup> September 2019. The new Mental Health Section 75 Partnership Agreement includes a new set of performance indicators. Core data is being collected against these indicators while further work is done to ensure that practice and delivery is Care Act compliant and quality assured. (Key aspects of this are covered in 2.2 – 2.11 below.)

### 2.2 Adult Social Care Operational Delivery Model Lead: Shona Britten

**Principle Aim: Variation in practice across Cambridgeshire and Peterborough is reduced.** (cross ref: Workstreams 1 - 8) (See Appendix 1 - S75 Partnership Agreement Adult Social Care Model)

2.2.1 The need to address variation in social work practice across Cambridgeshire and Peterborough was identified as a key priority for 2020/21. The main concerns related to current arrangements in Cambridgeshire where an integrated model of care is in place with social workers managed within the multi-disciplinary mental health teams. This had created a number of concerns including:

- Responsibility for assessment, care and support planning and review of Adult Social Care provision is shared across members of the multi-disciplinary teams;
- In some adult mental health teams, Social Workers do not fulfil the full range of required statutory functions;
- The requirements of the Care Act 2015 are not completely fulfilled.

2.2.2 During the year, the work required to ensure that the learning and actions arising from the Adults Positive Challenge and Neighbourhood Cares pilots has informed the work to develop the model.

2.2.3 A co-production event was held on 12/09/2019 with Social Work Team Managers and Social Workers representing both Adult and Older People's Teams from Peterborough and Cambridgeshire. The framework for the day was designed jointly by the Heads of Social Work, and Trust Professional Lead for Social Work, with input from the CCC Mental Health Commissioning Team. The terms of reference agreed for the workshop were to commission operational representatives from Older People's and Adult Mental Health Services whose responsibilities have been delegated to CPFT by CCC and PCC to achieve the following outcomes:

- Clarify current models of practice across adult social care mental health services;
- Adopt a professionally curious approach in identifying and analysing the strengths and weaknesses of existing social care delivery arrangements;

- Make recommendations for future service planning and delivery modelling as applicable;
- Support the achievement of a co-produced social care delivery model which most effectively and efficiently delivers equity of access to the citizens of the areas and meets required legal compliance and best practice quality standards.

2.2.4 The feedback received both at and following this co-production event, identified that Social Workers in both Adults and Older People's Teams want to achieve an autonomous professional identity within CPFT whilst remaining co-located, wherever possible, with members of the wider mental health team as co-location and direct social work involvement in multi-disciplinary team meetings were identified by all as a significant benefit of the existing working arrangements. This was a common theme shared across both Adults and Older People's Teams.

2.2.5 Following this event, further detailed work was undertaken to create options for an operational model which would align the Social Work structure with the NHS staff within the Adult and Older People's Mental Health Services whilst maintaining and continuing to promote integrated working arrangements. An option appraisal was completed leading to identification of a preferred model. The proposed model will ensure that, in future, all statutory social work functions and requirements are fulfilled appropriately clarifying responsibility and accountability for these. It reflected and therefore addresses national recommendations and guidance for the promotion of the role and expertise of the Social Worker in a mental health setting contained within:

- Social work for better mental health, a Strategic Statement, Department of Health, January 2016
- How are we doing? Department of Health, January 2016
- Making the difference together. Department of Health, January 2016
- The Community mental health framework for adults and older adults, NHS England, September 2019
- The Role of the Social Worker in Adult Mental Health Services, College of Social Work, April 2014
- NHS Long Term Plan, Department of Health, January 2019;
- Final report from the social workers new roles task & finish group, Health Education England, March 2019
- Care & Support Statutory Guidance, Department of Health & Social Care, October 2018.

2.2.6 The new model achieves the outcomes described above by aligning Social Workers, across both Adults and Older People's Teams to teams led by Social Work team managers definitively locating responsibility for the completion of Care Act assessment, care and support planning and review activities within the Section 75 Social Work Teams. This form of service and function alignment already exist in both the Adult and Older People's Teams in the PCC area following a decision to change the model some years ago.

2.2.7 The new model will ensure compliance with the requirements of the Care Act 2015. During the remodelling of the Cambridgeshire service, Social Workers identified a concern that introducing Care Act assessment would lead to a significant increase in

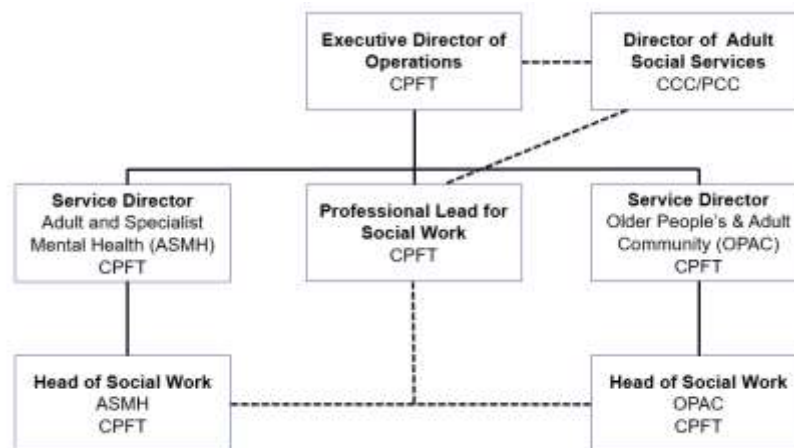
workload. This was logged as a moderate risk on the CPFT Risk Register. To date, concerns have not been realised. However, this issue continues to be closely monitored.

- 2.2.8 The potential to improve outcomes including increased independence and reduced dependency on longer term support and services through the use of support staff as a form of 'Mental Health Intermediate Care' resource was also identified from the work to develop the new Social Work model.
- 2.2.9 While the work described above was completed, learning and proposals relating to strengths and asset based work - 'Changing the Conversation' - with individuals and communities from the Adults Positive Challenge and the Neighbourhood Cares models was shared with Social Work staff. It was agreed that practice should be developed in line with the key principles from these initiatives through 2019/20 and 2020/21 and that implementation of the new model would support delivery.
- 2.2.10 The model was presented to and agreed by the Mental Health Governance Board on 30<sup>th</sup> January 2020. Work is underway to identify any Human Resource impacts and financial implications with the new model expected to be fully operational from 30/06/2020.
- 2.2.11 The new model will be implemented within the current model of primary and secondary care mental health services in Cambridgeshire. At the same time, a pilot "Exemplar" project funded by NHS England to enhance the PRISM primary enhanced mental health services model is underway in the Peterborough City area. This project is designed to develop primary care mental health services and will include registered Social Workers within its workforce. Close joint working on the further development of this initiative, by Social Work leaders within both CPFT and the local authority with the project leads, should enable valuable lessons to be learned which can be used to inform development of Social Work roles to meet mental health needs identified by primary care in both Cambridgeshire and Peterborough as the Primary Care Networks develop and delivering against the objectives of the NHS Long Term Plan.

## 2.3 **Management Arrangements** Lead: John Martin

### **Principle Aim: Effective management /leadership arrangements in place**

The CPFT Professional Lead for Social Work post was appointed in July 2019. Since appointment, the post holder has led progression of the Workstream Plan. The operational and professional reporting arrangements are described in the diagram below:



#### 2.4 **Carers** Lead: Anna Tuke

**Primary Aim: A consistent approach to carers assessment in place with assessments being completed by CPFT Mental Health (MH) practitioners for those whose cared for person is supported by CPFT.**

A Process Flowchart was presented to the Section 75 Governance Board on 30/01/20. This flowchart has been developed to provide a clear process to be followed by all CPFT staff when they have identified a carer who may require the completion of a statutory Carer's Assessment. This is in line with Care Act (2014) responsibilities. It confirms the role and responsibilities held by Section 75 Social Work staff within CPFT and reflects the wider alignment of staff responsible for the completion of Carers' Assessments within the Adult Early Help Team. The aim is to ensure that a timely and robust assessment of carers' needs is carried out in all cases. When agreed, implementation plans will be confirmed. This is in line with the Carers' workstream which forms part of the Adults Positive Challenge Programme.

#### 2.5 **Complaints** Lead: Rachel Gomm

**Primary Aim: Complaints are managed effectively and within the timescales and requirements set for Local Authorities**

A draft schedule document for addition to the Social Work Section 75 Partnership Agreement for Adult and Older People's Mental Health has been completed and was presented to the Section 75 Governance Board on 30/01/20. This document clarifies and confirms the approach to be adopted across CPFT and CCC when managing joint social work and health complaints. It also addresses the need to manage Freedom of Information (FOI) requests, complaints and enquiries within prescribed timescales.

#### 2.6 **Members, MPs Enquiries – FOI Requests** Lead: Rachel Gomm

**Primary Aim: Requests are managed effectively and within the timescales and requirements set for Local Authorities**

Addressed within the Complaints Workstream above. A clear process is now in place.

2.7 **Financial Quality Assurance (Panel)** Lead: Helen Duncan/Shalna Torrance

**Primary Aim: Processes are consistent with Adult Social Care (ASC) standards**

Work to review the way in which the Quality Assurance Panel system for making decisions about how to meet care needs across all client groups including mental health is underway.

2.8 **Information Sharing** Lead: Charlotte Black

**Primary Aim: An information sharing agreement is in place which ensures compliance with the law and facilitates information sharing to improve outcomes at an individual and service level.**

An Information Sharing agreement was developed in the work to draft the new MH Section 75 Partnership Agreement. This has been supported with circulation of a leaflet to all CPFT Mental Health Section 75 Social Work staff. An easy-read version for people who use the service and their carers has been developed and was signed off by the Section 75 Governance Board on 30/01/20.

2.9 **Safeguarding Adults** Lead: Rachel Gomm

**Primary Aim: Safeguarding processes are effective and delivered within the timescales and standards/requirements set for Local Authorities**

Work in this area has commenced and incorporates a review of the current roles and responsibilities of CPFT Section 75 Social Work staff involved with Safeguarding Adults case work. This workstream will be progressed further during 2020 addressing the current variations in practice and interface with the Multi-agency Safeguarding Hubs (MASH) across both Cambridgeshire County Council and Peterborough City Council.

2.10 **Care Act Assessments** Lead: Shona Britten

**Primary Aim: Care Act assessments are carried out consistently**

- 2.10.1 A Quality Assurance Audit of Mental Health Section 75 Social Work activity is underway. This process will confirm practice compliance with the Care Act (2014) and identify areas for targeted practice development. A clear and robust Action Plan will be confirmed to ensure statutory compliance and improve outcomes and efficiency. An initial report is to be available by 20/02/20.
- 2.10.2 The Adults Positive Challenge Programme and Changing the Conversation approach and principles, which promote the identification and utilisation of personal and community assets, are to be implemented across CPFT Mental Health Section 75 Social Work during 2020. An initial workshop was held during December 2019, with further support and information sessions to commence from May 2020.
- 2.10.3 The Mental Health Section 75 Social Work staff will start to use the CCC case management system, MOSAIC, as their primary record keeping data base. This will result in a significant improvement in the quality and accuracy of data the Council

receives to report on performance.

2.11 **Approved Mental Health Professionals (AMHP) Services** Lead: John Martin

**Primary Aim: Services are robust and cost effective**

The AMHP rota currently includes the retention of one full time locum post until Sept 2020 to ensure sufficient cover of the rota. 3 AMHP trainees have been confirmed, and following successful completion of required training and warranting, these candidates will be available for inclusion on the rota from Sept 2020. Further forward planning is required regarding future service needs and reporting of operational activity and links with the local Crisis Concordat are to be explored.

2.12 **AMHP Arrangements for Christmas 2019** Lead: John Martin/Charlotte Black

**Primary Aim: Arrangements for 2019 Christmas period.**

The AMHP cover rota over the Christmas and New Year periods worked successfully, supporting the Council's decision to close all but essential services over the Christmas period.

**3. MAIN ISSUES**

This section of the report covers the following areas:

- Service Activity Quarters 1-3 2019/20
- Care Packages Budgetary Performance

**3.1 Service Activity 2019/20**

3.1.1 The percentage of adults aged between 18 and 69 years in contact with secondary mental health care services who are on the Care Programme Approach (CPA), and in paid employment was 13.4% in December 2019 against a target of 12.5%. The level remains the same as the 2018/19 outturn.

3.1.2 The proportion of adults aged between 18 and 69 years in contact with secondary mental health care services on CPA living independently with support, in December 2019 was 81.4% against a target of 75%. Performance has been maintained above target for 3 ¾ years.

**3.2 Care Packages Budgetary Performance**

**3.2.1 Overview**

The December snapshot of Mental Health cost of care shows that commitments are £373k over budget overall, a reduction of £5k, with a forecast variance that takes into account the anticipated impact of demand, savings and other known forecast adjustments of £432k overspend. This has reduced by £71k over the month continuing the downward trend that started in November 2019.



		Apr		Q1		Q2		Nov		Q3		Variance	
	Budget	ISP	Forecast	ISP	Forecast	ISP	Forecast	ISP	Forecast	ISP	Forecast	ISP	Forecast
AMH	4,114	4,176	4,114	4,244	4,202	4,182	4,130	4,253	4,291	4,060	4,113	-54	-1
OPMH	5,116	4,795	5,116	4,925	5,177	5,366	5,650	5,355	5,479	5,543	5,586	427	470
<b>Total</b>	<b>9,230</b>	<b>8,971</b>	<b>9,230</b>	<b>9,169</b>	<b>9,379</b>	<b>9,548</b>	<b>9,780</b>	<b>9,608</b>	<b>9,770</b>	<b>9,603</b>	<b>9,699</b>	<b>373</b>	<b>469</b>
<b>Other Finance Adjustments</b>													
Inflation	318	318	318	318	318	259	259	206	206	206	206	-112	-112
VL Backdating Risk	0	0	0	0	119	0	0	0	0	0	0	0	0
Prior Year Liabilities	0	0	0	0	0	0	75	0	75	0	75	0	75
<b>Adjusted Total</b>	<b>9,548</b>	<b>9,289</b>	<b>9,548</b>	<b>9,487</b>	<b>9,816</b>	<b>9,807</b>	<b>10,114</b>	<b>9,814</b>	<b>10,051</b>	<b>9,809</b>	<b>9,980</b>	<b>261</b>	<b>432</b>

### 3.2.2 Adult Mental Health

The detailed breakdown for Adult Mental Health is shown in the table below. The gross cost of care commitments has reduced by £113k since November 2019, although £52k of this relates to prior year, and are currently over-budget by £117k before forecast adjustments. See summary table below.

AMH Activity	Budget	Apr		Q1		Q2		Nov		Q3		Variance		Change from Nov	
		ISP	Forecast	ISP	Forecast	ISP	Forecast	ISP	Forecast	ISP	Forecast	ISP	Forecast	ISP	Forecast
Residential	2,178	2,195	2,178	2,224	2,212	2,337	2,331	2,442	2,439	2,329	2,327	151	149	-113	-112
Nursing	544	548	544	489	486	511	509	529	528	530	529	-14	-15	1	1
Dom Care	586	590	586	622	618	550	548	543	542	549	549	-37	-37	6	6
Live In	0	0	0	0	0	26	26	58	58	26	26	26	26	-32	-33
Supp Living	1,041	1,113	1,041	1,093	1,044	884	860	811	798	835	827	-206	-214	24	29
Day Care	8	8	8	12	12	9	9	10	10	10	10	2	2	0	0
Dir Payments	167	175	167	218	218	236	220	236	230	240	235	73	67	4	5
Other	8	8	8	8	8	19	19	20	20	17	17	9	9	-3	-3
<b>Expenditure Total</b>	<b>4,532</b>	<b>4,637</b>	<b>4,532</b>	<b>4,666</b>	<b>4,598</b>	<b>4,572</b>	<b>4,522</b>	<b>4,649</b>	<b>4,626</b>	<b>4,536</b>	<b>4,519</b>	<b>4</b>	<b>-13</b>	<b>-113</b>	<b>-107</b>
Health Cont	-22	-22	-22	0	0	0	0	0	0	0	0	22	22	0	0
Client Conts	-396	-440	-396	-422	-396	-390	-392	-396	-335	-476	-406	-80	-10	-80	-71
<b>Income Total</b>	<b>-418</b>	<b>-462</b>	<b>-418</b>	<b>-422</b>	<b>-396</b>	<b>-390</b>	<b>-392</b>	<b>-396</b>	<b>-335</b>	<b>-476</b>	<b>-406</b>	<b>-58</b>	<b>12</b>	<b>-80</b>	<b>-71</b>
<b>Total</b>	<b>4,114</b>	<b>4,175</b>	<b>4,114</b>	<b>4,244</b>	<b>4,202</b>	<b>4,182</b>	<b>4,130</b>	<b>4,253</b>	<b>4,291</b>	<b>4,060</b>	<b>4,113</b>	<b>-54</b>	<b>-1</b>	<b>-193</b>	<b>-178</b>

### 3.2.3 Older People's Mental Health

Older People's Mental Health gross commitments have increased by £188k, of which £61k relates to prior year, and are now £522k over-budget. The total client contributions forecast improved by £141k, and £102k of this is due to prior year income. See summary table below.

OPMH Activity	Budget	Apr		Q1		Q2		Nov		Q3		Variance		Change from Nov	
		ISP	Forecast	ISP	Forecast	ISP	Forecast	ISP	Forecast	ISP	Forecast	ISP	Forecast	ISP	Forecast
Residential	1,339	1,293	1,339	1,397	1,428	1,577	1,593	1,503	1,511	1,660	1,665	321	326	157	154
Nursing	3,912	3,814	3,912	3,717	3,785	3,925	3,958	3,885	3,902	3,902	3,913	-10	1	17	11
Dom Care	406	377	406	367	387	387	397	400	405	403	406	-3	1	3	1
Live In	95	97	95	230	229	263	263	263	263	278	278	183	183	15	15
Supp Living	55	55	55	55	55	102	102	105	105	104	104	49	48	-1	-1
Day Care	4	4	4	4	4	4	4	3	3	3	3	-1	-1	0	0
Dir Payments	149	135	149	135	142	136	144	119	122	121	124	-28	-25	2	1
Other	7	0	7	0	0	12	25	24	24	19	19	12	12	-5	-4
<b>Expenditure Total</b>	<b>5,968</b>	<b>5,775</b>	<b>5,967</b>	<b>5,905</b>	<b>6,030</b>	<b>6,406</b>	<b>6,486</b>	<b>6,302</b>	<b>6,335</b>	<b>6,490</b>	<b>6,513</b>	<b>522</b>	<b>545</b>	<b>188</b>	<b>177</b>
Health Cont	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Client Conts	-852	-979	-852	-979	-852	-1,041	-837	-947	-857	-948	-927	-96	-75	-1	-70
<b>Income Total</b>	<b>-852</b>	<b>-979</b>	<b>-852</b>	<b>-979</b>	<b>-852</b>	<b>-1,041</b>	<b>-837</b>	<b>-947</b>	<b>-857</b>	<b>-948</b>	<b>-927</b>	<b>-96</b>	<b>-75</b>	<b>-1</b>	<b>-70</b>
<b>Total</b>	<b>5,116</b>	<b>4,796</b>	<b>5,115</b>	<b>4,926</b>	<b>5,178</b>	<b>5,365</b>	<b>5,649</b>	<b>5,355</b>	<b>5,479</b>	<b>5,542</b>	<b>5,586</b>	<b>426</b>	<b>470</b>	<b>187</b>	<b>107</b>

### 3.3 Staffing

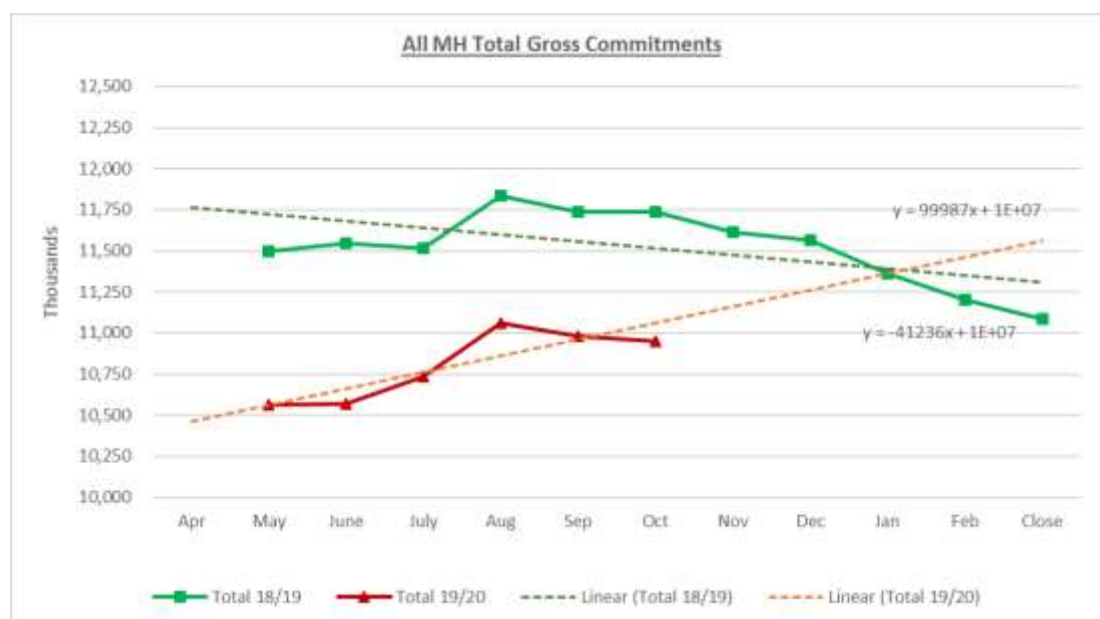
3.3.1 The latest staffing position is shown in the table below. The forecast has improved to an underspend of £164k.

CCC/ CPFT	Group	Budget (S75 Est)	Adj Budget	Adj Budget to date	Sum of Actual to Date	Total Forecast	Adj FO Var
CCC	AP	100,294	100,294	66,863	39,153	108,877	8,583
CCC	Mgmt	224,452	284,252	189,501	201,588	306,467	22,215
CCC	AMH	1,160,438	1,176,938	784,626	765,508	1,157,281	-19,657
CCC	OPMH	483,126	483,126	322,084	302,208	474,112	-9,014
<b>CCC Total</b>		<b>1,968,310</b>	<b>2,044,610</b>	<b>1,363,074</b>	<b>1,308,457</b>	<b>2,046,736</b>	<b>2,126</b>
CPFT	Mgmt	413,004	363,574	242,383	180,950	322,828	-40,746
CPFT	AMH	492,000	451,130	300,753	190,110	360,367	-90,763
CPFT	OPMH	270,100	284,100	189,400	133,624	234,369	-49,731
<b>CPFT Total</b>		<b>1,175,104</b>	<b>1,098,804</b>	<b>732,536</b>	<b>504,685</b>	<b>917,564</b>	<b>-181,240</b>
CCC Adjs	CCC Adjs	0	0	0	12,086	14,856	14,856
<b>CCC Adjs Total</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>12,086</b>	<b>14,856</b>	<b>14,856</b>
<b>Grand Total</b>		<b>3,143,414</b>	<b>3,143,414</b>	<b>2,095,610</b>	<b>1,825,229</b>	<b>2,979,157</b>	<b>-164,258</b>

3.3.2 The overspend on the CCC-held budget for seconded social worker posts has reduced significantly. Continuing vacancies in support worker roles, and the part-year vacancy of the professional lead post funded through S75 contract are the main causes of the underspend position.

### 3.4 Mental Health Deep Dive

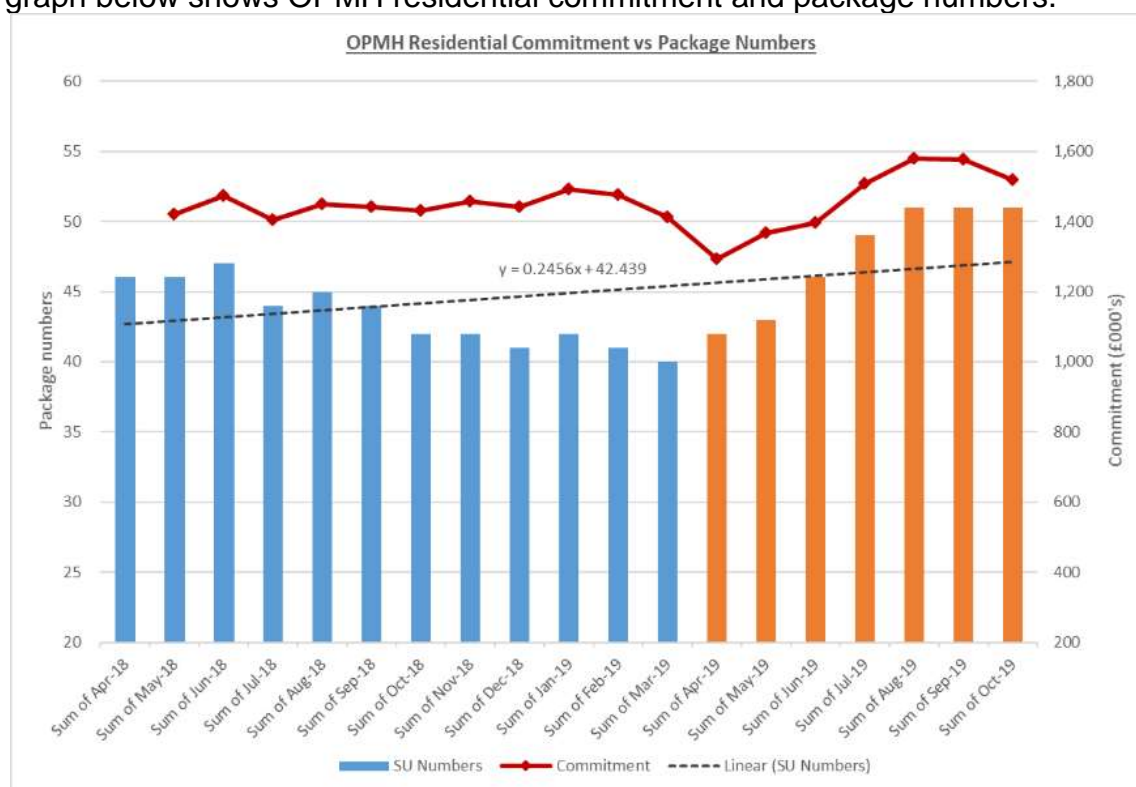
3.4.1 Across the first 5 months of the year, pressure within the CCC mental health budget increased significantly with the most material increases occurring in the July and August reporting periods. (See Graph: All Mental Health Gross Commitments below.)



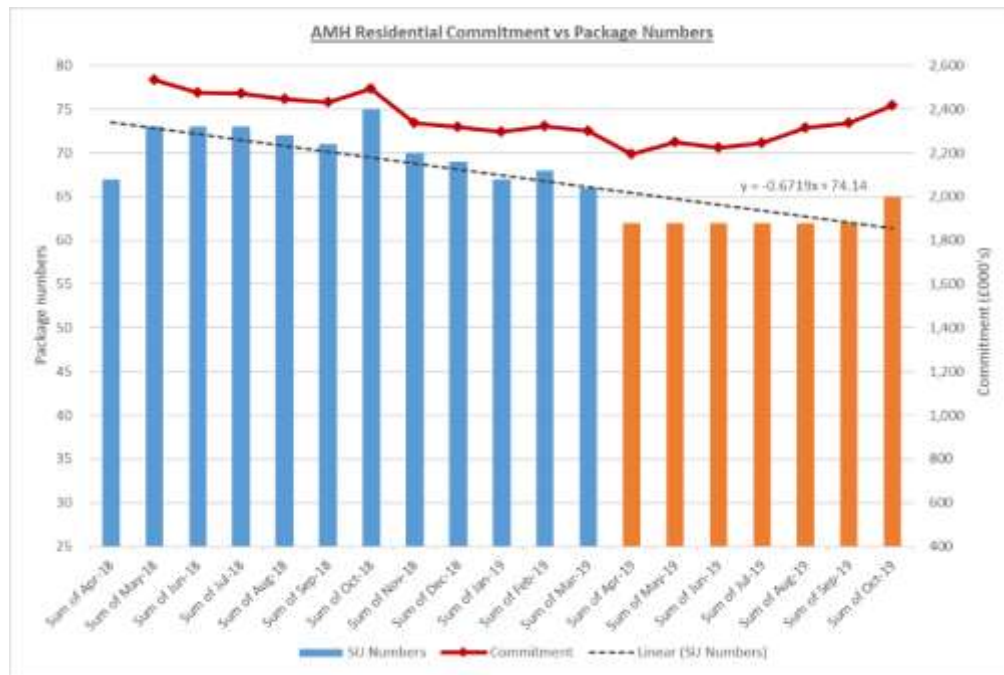
3.4.2 This represented a significant shift from a balanced 2018/19 budget outturn position and so a deep dive was commissioned to identify any key trends in budgets and understand the key factors for any increasing costs and associated recommended mitigations. Key findings from the deep dive are detailed below:

3.4.3 The pressure is predominantly related to bed based care, with an upward trend in bed based commitments seen across Adult Mental Health (AMH) and Older People's Mental Health (OPMH) particularly for residential packages:

- OPMH: increasing demand during 2019/20 such that increased numbers of service users were identified as the primary factor for the increase in commitments. The graph below shows OPMH residential commitment and package numbers.



- AMH: the service user base was relatively stable with no increase in demand for the period of the deep dive. Increased unit costs for care were identified as the key factor driving the pressures within this budget. (See Graph: AMH Residential Commitment vs Package Numbers overleaf.)



- In relation bed based care, an increase in the proportion of OPMH cases that were joint (health and social care) funded appeared to have increased whilst the proportion of joint funded cases in AMH have remained consistent. However, across AMH and OPMH budgets for both bed based and community based packages it appeared that the proportion of the funding attributed to social care had increased.

3.4.4 As described above, pressure on the mental health budget has decreased a little in recent months. However, a significant overspend is forecast at year end of £432k although there is a possibility that the downward pressure experienced at the end of 2018/19 will be repeated resulting in a better final position than currently forecast.

3.4.5 Key actions agreed following completion of the Deep Dive are as follows:

- A review of the top 10 most expensive cases on the Social Work caseload.
- Action to consider whether there could be minor improvements to the operation of the Mental Health Quality and Assurance Panel and brokerage processes.
- Increase the frequency of review of high cost packages.
- Review of the 4 live in care packages recently commissioned to ensure that they provided the most appropriate response to presenting need.
- Review of lifetime transitions within mental health to understand impact and facilitate proactive planning.
- Review of lifetime transitions within mental health to understand impact and facilitate proactive planning.
- The planned implementation of changing the conversation/asset based approaches as part of the Adults Positive Challenge programme should be progressed and completed.
- The planned review of the CCC/CCG Joint Commissioning Tool should be progressed and complete.
- Work should be undertaken to ensure that commissioning strategy/priorities and operational needs are aligned as closely as possible.

- 3.4.6 These recommendations are due for completion by 30<sup>th</sup> September 2020 with some actions for completion before then.

### 3.5 **Operational Budget & Staffing**

The operational budget has a forecast underspend of £164k this is primarily due vacancies within the support worker role and part year vacancy for the professional lead. Recruitment to vacant posts is ongoing and operational mitigations are put in place.

## 4. **ALIGNMENT WITH CORPORATE PRIORITIES**

### 4.1 **A good quality of life for everyone**

Mental Health services are committed to enabling people to have control over their lives and illness, to work in a strength based approach to enable people, utilising the recovery model. The proposed social and health care model (see 2.2 above) provides a holistic response for people and carers, to enable people live healthy and independent lives.

### 4.2 **Thriving places for people to live**

There are no significant implications for this priority.

### 4.3 **The best start for Cambridgeshire's Children**

Mental Health services utilise the required legislation to safeguard and support adults at risk. Again the proposed social and health care model (see 2.2 above) enables a holistic response for people and their carers.

### 4.4 **Net zero carbon emissions for Cambridgeshire by 2050**

There are no significant implications for this priority.

## 5. **SIGNIFICANT IMPLICATIONS**

### 5.1 **Resource Implications**

There are no significant implications within this category.

### 5.2 **Procurement/Contractual/Council Contract Procedure Rules Implications**

There are no significant implications within this category.

### 5.3 **Statutory, Legal and Risk Implications**

Issues relating to ensuring sufficient capacity to ensure fulfilment of statutory responsibilities regarding the provision of a robust AMHP service are of significant concern and are being addressed through ongoing work plan activity (see 2.12 above).

### 5.4 **Equality and Diversity Implications**

There are no significant implications within this category.

#### 5.5 **Engagement and Communications Implications**

There are no significant implications within this category.

#### 5.6 **Localism and Local Member Involvement**

There are no significant implications within this category.

#### 5.7 **Public Health Implications**

There are no significant implications within this category.

<b>Implications</b>	<b>Officer Clearance</b>
<b>Have the resource implications been cleared by Finance?</b>	N/A Name of Financial Officer:
<b>Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement?</b>	N/A Name of Officer:
<b>Has the impact on statutory, legal and risk implications been cleared by LGSS Law?</b>	N/A Name of Legal Officer:
<b>Have the equality and diversity implications been cleared by your Service Contact?</b>	N/A Name of Officer:
<b>Have any engagement and communication implications been cleared by Communications?</b>	N/A Name of Officer:
<b>Have any localism and Local Member involvement issues been cleared by your Service Contact?</b>	N/A Name of Officer:
<b>Have any Public Health implications been cleared by Public Health</b>	N/A Name of Officer:

Source Documents	Location
<b>Section 75 Agreement between Cambridgeshire County Council and Cambridgeshire and Peterborough NHS Foundation Trust</b>	<b>Charlotte Black SH1210 Shire Hall Cambridge CB3 0AP</b>

# S75 Partnership Agreement

## Adult Social Care Operational Model

Report authors: **Shona Britten** CPFT Professional Lead for Social Work  
**Kyran Brivio** Head of Social Work – Adults & Specialist  
**Lynne Denton** Head of Social Work – Older People

Date: **24/01/2020**  
 To: **Mental Health S75 Governance Board**

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## 1. Introduction

Over recent years Adult Social Care Services in both Peterborough City Council (PCC) and Cambridgeshire County Council (CCC) have delegated responsibility for the delivery of adult social work services, and specified duties, for people aged 18 years and over with needs associated with their mental health, to the Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) through a Partnership Agreement under Section 75 of the National Health Service Act (2006).

Detailed within the current Partnership Agreement (dated April 2019 – March 2020) is the primary intention of the agreement being to enable the effective delivery of a well-coordinated health and social care mental health service which appears seamless to the people who use the service and their carers.

In order to achieve this intention both staffing and financial resources are transferred from the local authorities to CPFT. Given the longstanding nature of the S75 Partnership Agreement, over time transparency of operational performance has become increasingly opaque. This has resulted in an inability to reliably and accurately report Social Work practice that is legally compliant with the delegated functions contained in Section 5 of the agreement, these being:

## 5. DELEGATION OF FUNCTIONS

***5.1 For the purposes of the implementation of the Partnership Arrangements, the Authority hereby delegates the exercise of the Authority Health and Social Care Related Functions to the NHS Body to act as lead commissioner of the Services for the provision of safeguarding, assessment (under both the Mental Capacity Act and the Care Act), care and support planning for Adults with (and carers of Adults with):***

- i. severe and enduring mental health problems within the threshold of the Care Programme Approach (CPA); and/or***
- ii. mental health problems who meet the Care Act Eligibility Threshold (CAET) but not CPA thresholds; and/or***
- iii. mental health problems who require signposting and/or information advice but do not meet either the CAET or CPA thresholds.***

It is important to note that this opacity relates to the discharge of local authority duties contained within the Care Act (2014) as detailed in points ii and iii above, rather than CPA responsibilities within the Mental Health Act (1983). This is not an uncommon situation nationally and is recognised within the current “Social Work for Better Mental Health” initiatives<sup>1</sup> and “The

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<sup>1</sup> Social work for better mental health, a Strategic Statement, Department of Health, January 2016

<https://www.gov.uk/government/publications/social-work-improving-adult-mental-health>

How are we doing? Department of Health, January 2016

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/495510/How\\_are\\_we\\_doing\\_-\\_social\\_work\\_adult\\_mental\\_health\\_A.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/495510/How_are_we_doing_-_social_work_adult_mental_health_A.pdf)

Making the difference together. Department of Health, January 2016

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/495517/Making\\_the\\_difference\\_together\\_-\\_social\\_work\\_adult\\_mental\\_health\\_A.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/495517/Making_the_difference_together_-_social_work_adult_mental_health_A.pdf)

Community Mental Health Framework for Adults and Older People”<sup>2</sup>; an overview of these key practice and policy drivers for change are summarised below in Section 2 of this report.

As such, a review of the existing staffing structure and role/responsibilities of statutory social work practice under the S75 Partnership Agreement has been identified as necessary, and are included as Workstreams 2, and 10 of the Annual Development Plan. This process of review, evaluation and future planning has also been required in order to clarify and address the variations in operational structures and professional practice across the combined Peterborough City and Cambridgeshire County Council areas. This variation includes for example, in Cambridgeshire the shared responsibility, across multi-disciplinary team members, for the assessment, care and support planning and review of Adult Social Care provision – a key social work role, and in some adult mental health teams, S75 Social Workers who do not, at this time, fulfil the full range of required statutory functions.

The seconded staff establishment (Schedule 6) and Financial Contribution (Schedule 3) tables contained within the current S75 Partnership Agreements applicable to each of the local authorities are attached with this report as Appendices One and Two.

Particular variation in the CPFT Safeguarding Adults operational structure, processes and practice between Cambridgeshire County and Peterborough City Council areas is not addressed within this report; it is detailed as Workstream 9 of the Annual Development Plan.

## **2. Legislative and National Policy Context**

As described above, the Care Act (2014) is the key driver for the need to review the way in which the statutory social work functions delegated by the local authorities to CPFT are delivered. This piece of legislation is supported by a comprehensive suite of practice initiatives and policy guidance; including “Social Work for Better Mental Health” (2016) initiatives<sup>3</sup>; “The Community Mental Health Framework for Adults and Older People” (2019)<sup>4</sup>; “The Role of the Social Worker in Adult Mental Health Services” (2014)<sup>5</sup>; “NHS Long Term Plan” (2019)<sup>6</sup> and the Health Education England “Final Report from the Social Workers New Task & Finish Group” (2019)<sup>7</sup>.

The Care Act (2014) was implemented in England from 1<sup>st</sup> April 2015. This legislation created a single, consistent route to establishing an entitlement to public care and support provision for all adults with needs for care and support, and a similar entitlement to support for informal carers. It prescribes processes which must be followed in the promotion of “well-being” to establish if a person has needs for care and support that are eligible for support from a local authority.

In order to simply clarify the nature and context of this piece of primary legislation, for a non-adult social care audience, it is worth highlighting that before a journey through adult social care begins, the Care Act requires that the responsible local authority adopts and discharges a set of key

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<sup>2</sup> The Community mental health framework for adults and older adults, NHS England, September 2019  
<https://www.england.nhs.uk/publication/the-community-mental-health-framework-for-adults-and-older-adults/>

<sup>3</sup> As footnote 1

<sup>4</sup> As footnote 2

<sup>5</sup> The Role of the Social Worker in Adult Mental Health Services, College of Social Work, April 2014  
[https://www.basw.co.uk/system/files/resources/basw\\_112306-10\\_0.pdf](https://www.basw.co.uk/system/files/resources/basw_112306-10_0.pdf)

<sup>6</sup> NHS Long Term Plan, Department of Health, January 2019  
<https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf>

<sup>7</sup> Final report from the social workers new roles task & finish group, Health Education England, March 2019  
<http://londonadass.org.uk/wp-content/uploads/2019/05/New-Roles-in-MH-Task-and-Finish-Group-Social-Work-Final-V3for-Board-27th-March-MT-SH-DH.pdf>

principles “*The core purpose of adult care and support is to help people to achieve the outcomes that matter to them in their life.*”<sup>8</sup> This requirement is further defined by clear statutory duty “*Local authorities must promote wellbeing when carrying out any of their care and support functions in respect of a person. This may sometimes be referred to as ‘the wellbeing principle’ because it is a guiding principle that puts wellbeing at the heart of care and support.*”<sup>9</sup>.

Factors to be considered by statutory social workers in the promotion of “well-being”, defined within the Care Act, are (this is not a hierarchical list):

- personal dignity (including treatment of the individual with respect)
- physical and mental health and emotional wellbeing
- protection from abuse and neglect
- control by the individual over day-to-day life (including over care and support provided and the way it is provided)
- participation in work, education, training or recreation
- social and economic wellbeing
- domestic, family and personal
- suitability of living accommodation
- the individual’s contribution to society

The statutory guidance<sup>10</sup> which supports local authorities to clearly understand their duties under the Care Act explains (emphasis has been added):

*“In addition to the general principle of promoting wellbeing, there are a number of other key principles and standards which local authorities must have regard to when carrying out the same activities or functions:*

- a) **The importance of beginning with the assumption that the individual is best-placed to judge the individual’s wellbeing.** Building on the principles of the Mental Capacity Act, the local authority should assume that **the person themselves knows best their own outcomes, goals and wellbeing.** Local authorities should not make assumptions as to what matters most to the person.*
- b) **The individual’s views, wishes, feelings and beliefs. Considering the person’s views and wishes is critical to a person-centred system.** Local authorities should not ignore or downplay the importance of a person’s own opinions in relation to their life and their care. Where particular views, feelings or beliefs (including religious beliefs) impact on the choices that a person may wish to make about their care, these should be taken into account. **This is especially important where a person has expressed views in the past, but no longer has capacity to make decisions themselves.***
- c) **The importance of preventing or delaying the development of needs for care and support and the importance of reducing needs that already exist.** At every interaction with a person, a local authority should consider whether or how the person’s needs could be reduced or other needs could be delayed from arising. Effective interventions at the right*

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<sup>8</sup> Care & Support Statutory Guidance, department of Health & Social Care, October 2018

<https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>

<sup>9</sup> As footnote 8

<sup>10</sup> As footnote 8

time can stop needs from escalating, and help people maintain their independence for longer.

- d) **The need to ensure that decisions are made having regard to all the individual's circumstances** (and are not based only on their age or appearance, any condition they have, or any aspect of their behaviour which might lead others to make unjustified assumptions about their wellbeing). **Local authorities should not make judgments based on preconceptions about the person's circumstances, but should in every case work to understand their individual needs and goals.**
- e) **The importance of the individual participating as fully as possible.** In decisions about them and being provided with the information and support necessary to enable the individual to participate. **Care and support should be personal, and local authorities should not make decisions from which the person is excluded.**
- f) **The importance of achieving a balance between the individual's wellbeing and that of any friends or relatives who are involved in caring for the individual.** People should be considered in the context of their families and support networks, not just as isolated individuals with needs. **Local authorities should take into account the impact of an individual's need on those who support them, and take steps to help others access information or support.**
- g) **The need to protect people from abuse and neglect.** In any activity which a local authority undertakes, it should consider how to ensure that the person is and remains protected from abuse or neglect. **This is not confined only to safeguarding issues, but should be a general principle applied in every case including with those who self-neglect.**
- h) **The need to ensure that any restriction on the individual's rights or freedom of action that is involved in the exercise of the function is kept to the minimum necessary.** For achieving the purpose for which the function is being exercised. **Where the local authority has to take actions which restrict rights or freedoms, they should ensure that the course followed is the least restrictive necessary.** Concerns about self-neglect do not override this principle.”<sup>11</sup>

The journey a person follows in their involvement with local authority adult social care services begins with an initial meaningful conversation. This initial element of the journey acts as an aid to the collection of information about the person and informs the assessment process (if this is to be undertaken) in order that it be completed in an appropriate and proportionate manner.

*“The nature of the assessment will not always be the same for all people, and depending on the circumstances, it could range from an initial contact or triage process which helps a person with lower needs to access support in their local community, to a more intensive, ongoing process which requires the input of a number of professionals over a longer period of time.”<sup>12</sup>*

Following completion of an assessment under the Care Act, a decision about eligibility for support from the local authority, to achieve the person's self-defined outcomes and goals, is made. Where outcomes to be achieved have been confirmed to be eligible for support from the local authority a

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<sup>11</sup> As footnote 10

<sup>12</sup> As footnote 10

Care and Support Plan is created with the person by the local authority worker. This Care and Support Plan will include both eligible and non-eligible needs and how they will be met; where only non-eligible needs are identified, these can be recorded solely within the assessment documentation. A similarly prescribed process is given in relation to the support which is required to be provided to informal carers of people who have care and support needs; Workstream 4 of the Annual Development Plan aims to embed a consistent approach to work with carers.

All Care and Support Plans (and Support Plans for carers) are required to be formally reviewed each 12-month period; it is also suggested that a “light-touch” review be undertaken within 6-8 weeks of a plan being agreed.

Over the last 5 years a series of practice guidance and initiatives have emerged in relation to the role of social work, and social workers within mental health services. In early 2014 “**The Role of the Social Worker in Adult Mental Health Services**”<sup>13</sup> was published by The College of Social Work. This report proposed “five key areas of practice that should frame the deployment and development of social workers”<sup>14</sup> in order to address the concern that “... the role and priorities of social workers in mental health in recent years have often not been well defined.”<sup>15</sup> The key areas of practice identified were:

- A. Enabling citizens to access the statutory social care and social work services and advice to which they are entitled, discharging the legal duties and promoting the personalised social care ethos of the local authority.
- B. Promoting recovery and social inclusion with individuals and families.
- C. Intervening and showing professional leadership and skill in situations characterised by high levels of social, family and interpersonal complexity, risk and ambiguity.
- D. Working co-productively and innovatively with local communities to support community capacity, personal and family resilience, earlier intervention and active citizenship.
- E. Leading the Approved Mental Health Professional workforce.

The Chief Social Worker, Lyn Romeo, described this report as “.....a compelling case for modern social work in mental health services, based around early intervention, building resilience and reducing dependency rather than solely focusing upon case co-ordination, case management or the Approved Mental Health Professional function..... To do this well will require employers, particularly the NHS where many social workers in mental health are based to provide solid organisational support for good social work practice, including robust arrangements for social work supervision and opportunities for continuous professional development.”<sup>16</sup>

This initial practice report highlighted that in order for these key areas of social work practice in mental health to flourish, in integrated multi-professional teams managed within the NHS, the following components are required:

- Very strong operational management of social work practice.
- High level and locally available professional leadership.
- Opportunities for social work and interdisciplinary career advancement.
- Access to continuing social work professional development.
- High-level organisational commitment to excellent social work practice.

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<sup>13</sup> As footnote 5

<sup>14</sup> As footnote 5

<sup>15</sup> As footnote 5

<sup>16</sup> As footnote 5



- **Clarity about the priorities and roles of social workers.**

Building upon the proposals made by The College of Social Work in 2014, the Department of Health, in 2016 launched “**Social work for better mental health – a strategic statement**”<sup>17</sup>; part of a 3 piece suite of resources which place a spotlight on the strategic place of social work in mental health. These resources are designed to provide organisations with “improvement tools and methodologies to help develop and sustain great social work across the mental health sector and help ensure the value of social work in improving mental well-being in society is recognised.” The principle outline contained within these resources link closely with this review of the model of social work recommended for implementation across CPFT in Peterborough City and Cambridgeshire County Council areas.

In line with the focus of the delegated functions in the current S75 Partnership Agreement and its clearly articulated intention “to enable delivery of a mental health service which is well coordinated and appears seamless to the people using the service and their carers.” Social work for better mental health”<sup>18</sup> resources recognize “Working with the principles of personalisation and the opportunities of the Care Act 2014, social workers are crucial to ensuring people with mental health needs are seen first and foremost as citizens with equal rights, rather than exclusively through a diagnostic or clinical lens.” Care and Support Statutory Guidance Chapter 2.1 (updated Oct 2018) defines:

“It is critical to the vision in the Care Act that the care and support system works to actively promote wellbeing and independence, and does not just wait to respond when people reach a crisis point. To meet the challenges of the future, it will be vital that the care and support system intervenes early to support individuals, helps people retain or regain their skills and confidence, and prevents need or delays deterioration wherever possible.”<sup>19</sup>

This approach is sometimes referred to as the joint aims of “prevent, reduce or delay”; this vision for adult social care applies equally to social work practice in mental health services where it has been acknowledged that “Attention to this has sometimes been diminished within the care coordinator role in integrated services which has tended to be dominated by NHS performance drivers. Ultimately lack of attention to this can undermine partnerships.”<sup>20</sup>

“**The Community Mental Health Framework for Adults and Older People**”<sup>21</sup> published at the end of September 2019, continued to highlight “ ..... assessment under the Care Act 2014 can be difficult to access and is often not integrated with other assessments. Not having such an assessment can mean that people cannot access personalised support and housing, advocacy, welfare advice and employment support. This in turn can increase the risk of poorer mental health.”<sup>22</sup>

This framework document describes a local community level model of mental health service delivery which brings together the types of support currently provided via “primary care” with that provided via “secondary care” thereby supporting a reduction in the transitions and transfers a person may experience in their journey as “When people’s care moves between teams, typically over 20% of them do not reach the new team. This may be due to complicated referral and

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<sup>17</sup> As footnote 1

<sup>18</sup> As footnote 1

<sup>19</sup> As footnote 8

<sup>20</sup> As footnote 1

<sup>21</sup> As footnote 2

<sup>22</sup> As footnote 2

transition processes, or a lack of the most appropriate support in one place to address multiple needs.”<sup>23</sup> In order to effectively deliver the NHS Long Term Plan’s (NHS LTP) <sup>24</sup> “commitment to create new and integrated models of primary and community mental health care.”<sup>25</sup>

“Each area will need to ensure that they have processes in place that will bring together the different facets of community care and deliver better mental health outcomes for the local population by ensuring that:

- People can have a good-quality **assessment** at whatever point they present
- **Interventions** for mental health problems are readily available and accessible at the location most appropriate to people’s needs
- Care can be stepped up where or when more **specialist care** is required, and stepped down, in a flexible manner without the need for cumbersome referrals and repeated assessments
- There are effective links with **community assets** to support and enable people to become more embedded within their community and to use these assets to support their mental health.” <sup>26</sup>

The proposals and planning required to achieve the NHS LTP aims and objectives are clearly much broader and more complex than consideration of the model for delivery of adult social work services under the current S75 Partnership Agreement. However, it is recommended that the adoption of a clearly aligned model of practice (described below) for both Adult and Older Peoples Mental Health across Peterborough City and Cambridgeshire County Council areas will enable all partner agencies to be best placed to respond effectively and efficiently to future developments

### 3. Work undertaken

A co-production event was held on 12/09/2019 with Social Work Team Managers, Senior Social Workers and Social Workers representing both Adult and Older Peoples Teams from Peterborough and Cambridgeshire. The framework for the day was designed jointly by the Heads of Social Work, and Trust Professional Lead for Social Work, with input from the Local Authorities Mental Health Commissioning Team. The terms of reference agreed for the workshop were:

“Operational representatives from Older Peoples and Adult Mental Health Services whose responsibilities have been delegated to CPFT by CCC & PCC, to work in positive collaboration to:

- Clarify current models of practice across adult social care mental health services (ref: Figure 1)
- Adopt a professionally curious approach in identifying and analysing the strengths and weaknesses of existing social care delivery arrangements
- Make recommendations for future service planning and delivery modelling as applicable
- Support the achievement of a co-produced social care delivery model which most effectively and efficiently delivers equity of access to the citizens of the areas and meets required legal compliance and best practice quality standards.”

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<sup>23</sup> As footnote 2

<sup>24</sup> As footnote 6

<sup>25</sup> As footnote 2

<sup>26</sup> As footnote 2

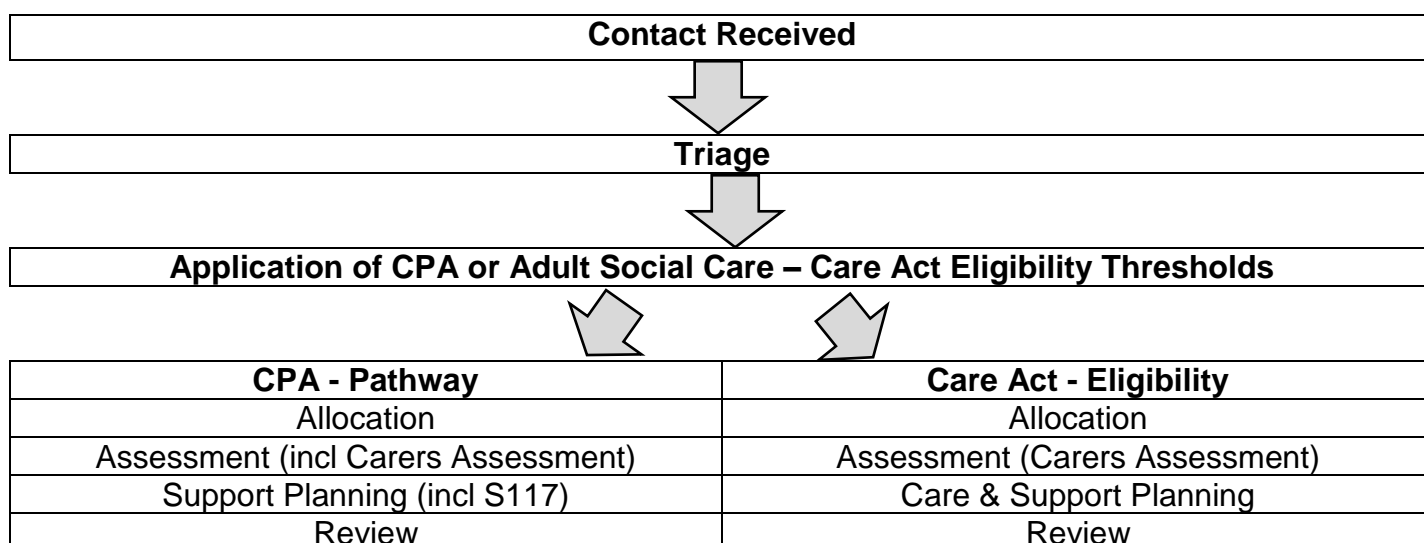


Figure 1

Working groups, aligned by service area and geographic location, addressed the following key questions:

- Workshop One:** What are the existing arrangements for your area (Figure 1 above)?  
Do existing arrangements meet recognised practice and legal requirements?
- Workshop Two:** What are the strengths and weaknesses of the existing social care model?  
What changes/improvements are needed (if any)?

The feedback received both at and following this co-production event identified that Social Workers want to achieve an autonomous professional identity within the CPFT (comments included: “Social Work Identity”; “lack of understanding of the Social Worker role in integrated teams – across all patches”) and remain co-located, where ever possible, with members of the wider mental health team – this was a common theme shared by both Adults and Older Peoples Teams. Co-location and direct social work involvement in multi-disciplinary team meetings were identified by all as clear strengths within existing working arrangements (“Social Worker involvement in MDT/clinical meetings across all patches – informal/formal meetings”; “Collaborative across all disciplines”).

As described in the overview of legislative requirements, statutory guidance and models of best practice given in Section Two above, the feedback from the co-production event echoed national recommendations for the promotion of the role and expertise of the Social Worker in a mental health setting.

Following analysis and consideration of all feedback received, and the “delegated function” requirements of the S75 Partnership Agreement, an Option Model was identified. This model aligns all relevant Social Workers, across both Adults and Older People Teams, to Social Work Team Manager led teams. This alignment of social work function and practice locates



responsibility for the completion of Care Act assessment, care and support planning and review activities with the S75 Social Work Teams and removes the current “blurring” of the professional statutory Social Worker identity and role which has developed within the “integrated” model currently in place within Cambridgeshire based multi-disciplinary teams.

This form of service and function alignment already exist in both the Adult and Older People’s Teams in the Peterborough City Council area following implementation some years ago. Social Workers in Adults and Older People Teams in Cambridgeshire are integrated with their health colleagues in teams where a Social Work Team Manager provides professional supervision and operational support. The implementation of these arrangements followed a partial service restructure during 2016/17; however under current arrangements non-social work colleagues continue to complete assessments and arrange the provision of adult social care funded support services.

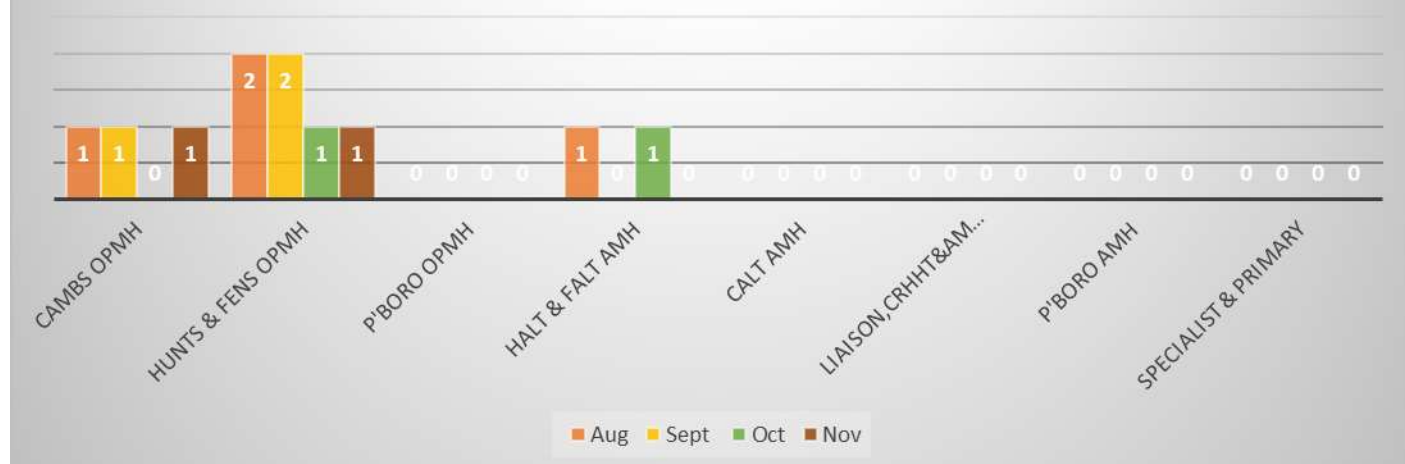
Key exceptions to the Cambridgeshire model outlined above are a number of Social Worker posts which are based individually within the Adult Mental Health teams’ structure. In this current structure Social Workers, under the S75 Partnership Agreement, are based individually within health managed teams, and do not appear, at this time, to fulfil the full range of required statutory functions. Further detailed understanding of the working arrangements attached to these Social Worker and Support Worker posts is required in order to fully understand potential employment related impacts. This is highlighted with the “Next Steps” section of this report.

In order to address concerns regarding the potential impact acceptance of referrals under Care Act (2014) responsibility might have on the S75 Social Work Teams information was added to the CPFT Risk Register (Datix):

Date	Risk No	Description	Initial Risk Level	Review	Current Risk Level
26/09/2019	5737 5738	Care Act Eligible work will be received as detailed in the now signed S75 agreement across PCC and CCC	C = 4 (Major) L = 4 (Likely) Score = 16 (Extreme)	11/2019	C = 2 (Minor) L = 4 (Poss) Score = 6 (Moderate)

Monitoring of operational activity commenced in August 2019 across both Older Peoples and Adult Mental Health Social Work Teams; actual impacts to date are shown in the following chart:

## Care Act (2014) Case Allocation Requests



Ongoing monitoring will continue in order to inform future workforce planning and the finalisation of an effective S75 social work operational model.

Responsibilities held by the Social Work services under the MH S75 Partnership Agreement extend beyond the Care Act (2014) and include the discharge of duties under the Mental Capacity Act (2005) and Mental Health Act (1983) as well as further statute. In relation to the discharge of responsibilities held by Approved Mental Health Professionals (AMHPS) delegated by CCC and PCC to CPFT, no direct work has been undertaken to evaluate current operational structures other than the need for administrative support to be made available in the Peterborough City Council area. This specialist aspect of delegated responsibility requires further exploration, including workforce planning, in order to establish and sustain stability and “future proofing”.

### 4. Option Model

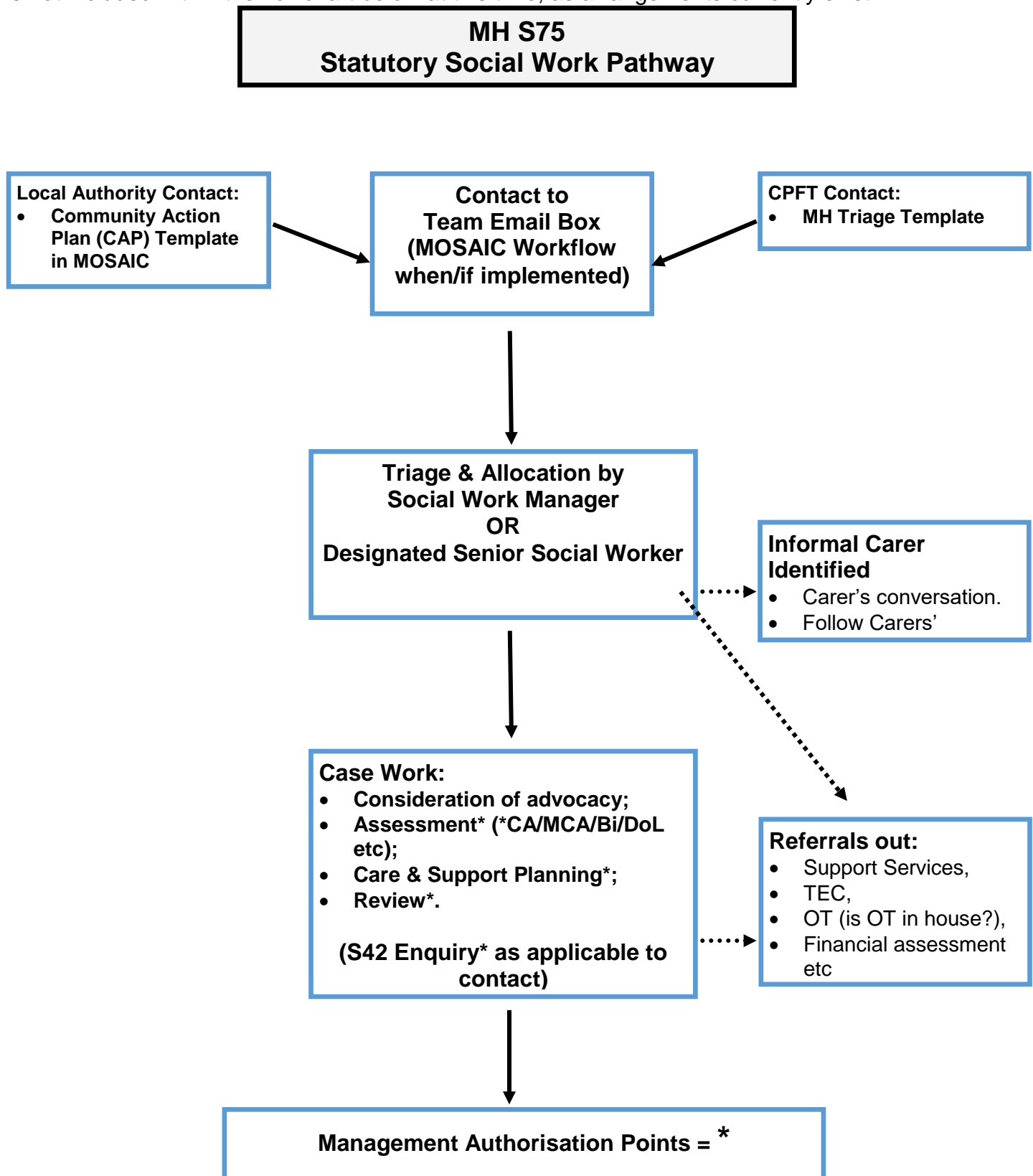
#### Overview description:

As identified above a fully aligned Social Work service for both Adults and Older People's Teams will enable the professional identity of Social Workers to be more clearly visible and their skills, knowledge and expertise to be utilised appropriately to support the wider mental health agenda and achieve legally compliant social work practice in relation to Care Act (2014) duties..

This form of operational practice model if implemented across both Adults and Older Peoples Social Work Mental Health services in Peterborough and Cambridgeshire will achieve clear lines of responsibility and accountability within a professionally led social work framework. Social Workers supervised by members of their own profession, who also provide line management, case work allocation and authorisation functions. The professionally aligned Social Work Teams will remain located within current work base arrangements; in general, these are co-located bases with secondary mental health colleagues.

### Proposed Social Work Pathway:

The proposed journey into and through the Social Work teams is described in simple “flowchart form” below. This does not relate to referrals for Mental Health Act Assessment. Amendments may arise as part of the development of Workstream 9, in relation to Safeguarding Adults activity, this is not included within the flowchart below at this time, as arrangements currently exist.



The “MH S75 Statutory Social Work Pathway” describes in simple terms how:

- Referrals can/will be received from colleagues within CPFT and those based within local authority teams across PCC and CCC, using standardised referral templates;
- Case work can/will be prioritised (triaged) and progressed; including for example the early identification, as appropriate, of informal carers and referrals to be made to OT, technology (TEC), etc.
- Allocations can/will be made to achieve effective caseload management
- Clear professional management oversight, authorisation and quality assurance monitoring can be achieved

It is recognised that individualised versions of this core “Pathway” may be required for operation within Peterborough City Council and Cambridgeshire County Council areas, with full thought given, for example, to:

- How referrals are received;
- How the referral/contact is taken (eg: practitioner, business support);
- How triage is undertaken within the team (eg: a “duty” function);
- How and where authorisation happens;
- How effective and meaningful data gathering can be achieved.

#### **Case Records and Management System:**

Analysis has also been undertaken to confirm the most efficient and effective way to support Social Workers in the delivery of Care Act compliant practice and provide accurate performance monitoring information. It is recommended that this can be provided efficiently by use of the MOSAIC case recording system currently in use by Cambridgeshire Adult Social Care service areas; implementation of this electronic case management framework is also planned in Peterborough City Council Adult Social Care services areas from April 2020

It is recognised that at times referrals will be made into the Social Work Teams by telephone and contacts other than MOSAIC Workflow or email processes; in all cases these contact referrals should be supported by the completion of the required information template:

- Local authority referrals will be made using the “Community Action Plan” (CAP) template
- CPFT referrals will be made using the MH Triage Template

As noted above the MOSAIC case management process to be followed from receipt of a referral through to ongoing Social Work involvement or the closure of the case is in brief:

- a) When a referral is received it will be added/opened on MOSAIC by the applicable team administrative support
- b) The CPFT case management system (RiO or SystmOne following implementation) to check if the person referred is known to CPFT (health staff or previous social work involvement)
- c) The Social Work Team Manager (or delegated Senior Social Worker) will triage/prioritise the referral for allocation.
- d) Cases will be allocated to team members on a daily basis
- e) Where a person is already known, or becomes known to CPFT mental health teams, whilst they are involved with a S75 Social Worker, they must be given a copy of the “Consent to share information leaflet” (attached as Appendix 1 of the S75 Partnership Agreement)

- f) Where a person is already known, or becomes known to CPFT mental health teams, whilst they are involved with a S75 Social Worker copies of relevant assessment, care & support planning, and review documentation should be uploaded to the “Clinical Documentation” folder in RiO (and applicable section of SystemOne when implemented). This sharing of information can also include all/any documentation which the S75 Social Worker decides is relevant and necessary to the wider multi-disciplinary team; all decisions to share information should be clearly recorded by the decision maker.

The Mental Health Act service and AMHP rota are managed centrally within Adult Mental Health service arrangements; this supports referrals for assessment under the Mental Health Act (1983). Current arrangements for “AMHP referral” remain unchanged by this Option Model. In order to simplify and make clear record keeping arrangements for Mental Health Act activity across both CPFT and the 2 local authorities it is recommended that further detailed work be undertaken as part of Workstream 11 of the Annual Development Plan.

## 5. Transfer of care package reviewing responsibilities:

With the alignment of the Social Work Team structure, and Social Worker role and responsibilities in the Cambridgeshire County Council area, will come the need for care packages currently assessed for and managed by members of the wider multi-disciplinary teams to be transferred across to the relevant Social Work Team; this will include joint-funding arrangements, such as those receiving S117 Aftercare. This will not mean the automatic transfer of Care Co-ordinator responsibilities for those people under the Care Programme Approach (CPA); any change in existing arrangements must be based upon the individual needs of the person. Likewise, any people currently supported by Social Workers outside of their professional casework and/or statutory role will be transferred into the wider health team for ongoing intervention as required.

The tables below summarise the number of people receiving ASC commissioned packages of care and support currently held by Social Workers and health colleagues (these do not quantify current caseload activity).

### Adult Mental Health

Team	TOTAL	Social Work	Healthcare Professional
Cambridge Nth (CALT)	89	46	43
Cambridge Sth (CALT)	125	61	64
Liaison, CRHTT	NIL	NIL	NIL
Hunts (HALT)	61	43	18
Fens (FALT)	27	16	11
CAMEO Nth	1	0	1
CAMEO Sth	5	0	5
Forensic Nth	4	3	1
Forensic Sth	19	3	16
Personality Disorder	24	2	22
<b>TOTALS</b>	<b>355</b>	<b>174</b>	<b>181</b>

## Older People Mental Health

Team	TOTAL	Social Work	Healthcare Professional
Cambridge City	57	35	22
Cambridge South	58	36	22
Cambridge East	19	12	7
Hunts	50	27	23
Fenland	64	47	17
Under 65s	1	0	1
<b>TOTALS</b>	<b>249</b>	<b>157</b>	<b>92</b>

## Overarching TOTALS (at 06/12/2019):

Social Work	Healthcare Professional
<b>331</b>	<b>273</b>

This transfer of care process should be managed over approximately a 3 month period (subject to ongoing and active review) in order to mitigate risk to both the people, teams and staff affected by these changes.

As the Peterborough City Council Teams are already aligned, with Social Workers responsible for the assessment, care and support planning, and review of the needs of those people involved with Adult Social Care, this case transfer process does not apply.

## Staffing Resources & Financial Implications:

There are no known additional staffing or infrastructure costs associated with the recommendation to adopt the current team structures to support the achievement of an aligned operational model. However, further rigorous financial and human resources analysis will be required to ensure fiscal responsibility and to address all potential employment related impacts in relation to Social Workers currently based within the following teams:

- Forensic North & South
- CAMEO North & South
- Personality Disorder Service
- Liaison Psychiatry
- Crisis Resolution Home Treatment (CRHT) Teams (Hunts & Cambs)

## 6. Next Steps:

In order to address the existing variations in practice and structure across the area, which potentially impacts upon equity and access to services for the local populations, it is recommended that the Option Model (Section 4) for the full alignment of all Social Work Teams included within the Social Work S75 Mental Health Partnership Agreement, is adopted. This Option Model will also enable quality assurance and legal compliance monitoring to be undertaken, and produce accurate and meaningful practice performance data, with which to inform required statutory reporting mechanisms, workforce planning strategies and continued professional development initiatives.

A pilot "Exemplar" project, supported by CPFT and statutory partners, is to start in early 2020 in the Peterborough City area. This Exemplar project is designed to develop primary care mental

health services and is to include registered Social Workers within its workforce. Close joint working on the further development of this initiative, by Social Work leaders within both CPFT and the local authority with the project leads, should enable valuable lessons to be learned which can be used to inform further Social Work in mental health service reconfiguration in the future to meet Primary Care Networks (PCN) needs.

With careful monitoring going forward, the services and support offered by the statutory Social Workers based within CPFT can be further developed and aligned to meet the key objectives of the NHS LTP<sup>27</sup>, Community Mental Health Framework for Adults and Older People<sup>28</sup>, and emerging PCN.

### Further “Scoping” Activities

What? Element	When? Timescale by ...	Who? Responsibility
Identify all/any HR Implications (incl. any financial matters arising)	14/02/2020	with Luke Venni
Highlight all/any transfer of ASC care package issues for resolution to confirm any triage arrangements that may be necessary	31/01/2020	KB, LD
Finalise Operational Model	In line with any/all HR advice	
Formal agreement by S75 Governance Board	29/02/2020	
Start case transfer process	02/03/2020	
Staffing Structure & MH Pathway in place and operational	Provisional 02/03/2020	
Transfer ASC arranged packages of care from health colleagues/teams	From 02/03/2020	
Commence “Changing the Conversation” – Adults Positive Challenge	01/05/2020	Transformation Team with KB, LD, SB, AK & Teams

## 7. Workstream Initial Timetables

What? Element	When? Timescale by ...	Who? Responsibility
Confirm “Adult Social Care Pathway in Mental Health”	22/11/2019	SB, KB, LD (with AK)
Confirm Current Operational Staffing Structures: a) OPMH b) Adults c) Specialist (incl CRISIS, Liaison Psychiatry, etc.)	29/11/2019	KB, LD
Identify all current posts which need to be formally agreed and established	29/11/2019	KB, LD

<sup>27</sup> As footnote 6

<sup>28</sup> As footnote 2

Identify/confirm the volume/number of people receiving ASC care packages and case reviewing responsibilities to transfer between SW Teams and health colleagues	29/11/2019	KB, LD
Confirm Option Model	08/01/2020	S75 Working Group
Formal agreement	30/01/2020	S75 Governance Board

### Associated Timetables: Quality Assurance

What? Element	When? Timescale by ...	Who? Responsibility
RiO/CPFT Access for Ali Keclik	29/11/2019	SB; Admin
QA – Mini-audit (to commence 02/12/2019)	31/12/2019	AK, SB
Initial QA Report	20/02/2020	AK, SB
Confirm process for completion of Management Audits	Confirmed	

### Changing the Conversation (CtC) & Care Act Compliance

What? Element	When? Timescale by ...	Who? Responsibility
Social Ware Forum: • Introduction to CtC	20/11/2019	Transformation Team with SB, KB, LD, AK
Future Workshop Dates TBA provisionally: • 25/03/2020 • 01/04/2020 • 14/04/2020 • 22/04/2020 • 29/04/2020	TBA	Transformation Team with SB, KB, LD, AK

### Case Record Management - MOSAIC

What? Element	When? Timescale by ...	Who? Responsibility
Access to MOSAIC (CCC staff)	28/02/2020 TBA	SB, SH
Access to MOSAIC (PCC staff)	01/04/2020	SB, SH
“System “Walk-through” Staff Workshop (CCC & PCC)	08/01/2020 OR 15/01/2020	SB, SH, KB, LD, AK
MOSAIC Staff training	TBA	